

COUNTY OF SAN DIEGO OFFICE OF INTERNAL AFFAIRS

INTERNAL AFFAIRS COMPLAINT FORM

The County of San Diego's Office of Internal Affairs, herein referred to as "Office," is the official body of the County to investigate Whistle Blower complaints as authorized under Government Code Section 53297. The Office advises the Board of supervisors and the Chief Administrative Officer on whether or not improper County government activities occurred.

Specific procedures have been adopted for the express purpose of filing and investigating complaints alleging improper County government activities. These procedures do not supersede, replace or serve as an alternative to procedures under the County's Civil Service Rules, Memorandum of Agreement, or other County rules and regulations providing remedies for employees who file complaints, grievances, or claims.

An employee of the County, or applicant for County employment, can file a complaint with the Office alleging improper County government activities. The complaint must be filed within **SIXTY (60) CALENDAR DAYS** of the date the complainant had knowledge of the alleged improper County government activity. The sixty (60) day time period will be extended for that time complainant was pursuing administrative remedies for the alleged improper County government activity. The Office has no authority to provide any remedy for the complainant.

Any reprisal action taken against County employees, applicants or witnesses, because of the filing of a complaint, is strictly prohibited under Government Code Section 53298.

INSTRUCTIONS FOR COMPLETING COMPLAINT FORM:

Please describe, under each appropriate category, the improper County government activity which is the subject of this complaint. Please be clear and specific, as to the facts, only as they relate to the improper County government activity.

Improper County Government Activity means any activity, or act by a County department, officer (elected or appointed) or employee relating to the performance of official County functions, duties or responsibilities.

There are four categories that constitute improper County government activity: (1) gross mismanagement, (2) significant waste of County funds, (3) abuse of authority, or (4) substantial and specific danger to public health and safety.

Gross Mismanagement means the failure to exercise even a substandard level of performance relating to the management of County programs, activities, functions, services and responsibilities.

Abuse of Authority means the willful exercise of authority for improper or wrongful purpose.

Your complaint must be a true and accurate account to the best of your knowledge, and you must sign under penalty of perjury. In accordance with the County Administrative Code, Article XVII-D, a copy of the complaint received by the Office shall be transmitted to the respective department head(s). **YOU MAY REQUEST THAT YOUR NAME BE KEPT CONFIDENTIAL.**

Once the Office has reviewed and accepted your complaint, it will be investigated by an investigator(s). If you move or change your phone number, remember to let the Office know. If you have questions, please call the Office at (619)531-5174.

RETURN THE COMPLAINT TO:

Office of Internal Affairs
1600 Pacific Highway, Room 400
San Diego, CA 92101

1. COMPLAINANT: _____
Last Name First Name Middle Name

HOME ADDRESS:

No./Street Apt./Unit No. City State Zip Code

WORK ADDRESS:

No./Street Room/Suite No. City State Zip Code

TELEPHONE: _____
Home Work Message

2. ALLEGATIONS OF IMPROPER COUNTY GOVERNMENT ACTIVITY (List each allegation under the appropriate category). If you need more space, please attach additional sheets.

A. Gross Mismanagement

Date you had knowledge of allegation: _____

1. Allegation: _____

2. Facts: _____

B. Significant Waste of Funds

Date you had knowledge of allegation: _____

1. Allegation: _____

2. Facts: _____

C. Abuse of Authority

Date you had knowledge of allegation: _____

1. Allegation: _____

2. Facts: _____

D. Substantial and Specific Danger to Public Health and Safety

Date you had knowledge of allegation: _____

1. Allegation: _____

2. Facts: _____

WITNESS(ES): Please provide the name, address, and phone number for each witness.
Attach additional sheets if needed.

PLEASE DESCRIBE THE ADMINISTRATIVE REMEDIES TAKEN BY YOU TO RESOLVE THE AFOREMENTIONED ALLEGATIONS OF IMPROPER COUNTY GOVERNMENT ACTIVITY. (Please give dates and names.)

SWORN STATEMENT OF COMPLAINANT:

I hereby certify, under penalty of perjury as provided by law, that the statements herein are true.

Print Name	Signature	Date
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**AUTHORIZATION OF INVESTIGATION
AND
RELEASE OF RECORDS**

Date: _____

I, _____, having alleged improper County government activity by the Department of _____, authorize the Office of Internal Affairs (OIA) and its authorized agents to investigate said allegations(s), per Administrative Manual Item Number 0010-10. I hereby authorize the County of San Diego, the Department of Human Resources, and the Department(s) of _____ to release to OIA and its agents all County personnel, payroll, medical and other records pertaining to me, for OIA's inspection, recording and photocopying.

Signature